SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	15/03/2018 19:10	
Date Of Accident	15/03/2018 15:30	
Exact Location Of Accident	JUNCTION OF BOON LAY WAY AND JURONG EAST AT 11	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJM3804R	
Insured/Policyholder		
Name Of Registered Owner	EAZI CAR LEASING & MARKETING PTE. LTD.	
Co Reg No	200715161E	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-66840762	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	LATIO 1.5L	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	EQ INSURANCE COMPANY LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	DMCFHQ17000044	
Cover Note Number		
Driver		
Name of Driver	RAFESA DIO MOHAMMAD IL VAS	

Name of Driver RAEESA D/O MOHAMMAD ILYAS

NRIC No S9613053H
Date Of Birth 10/04/1996
Occupation INDOOR
Date Of Driving Pass 09/11/2015

Driving Experience 2 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96541876

Fax Number
Contact Number

EMail Address JANNIFER.EAZICAR@GMAIL.COM

BLK 48 TEBAN GARDEN ROAD #03-240 SINGAPORE 600048

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SHARMIM

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I SJM3804R was driving along BOONLAY way Turning right into Jurong East st 11, while the traffic its on my favour I waited at the pocket to turn right. Suddenly while I was making a turn the other party with a high speed past infront of me and my front vehicle bang onto his right rear passenger side and rim. No injuries involved.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB5766K

Vehicle Make/Model/Colour TOYOTA/PRIUS HYBRID/MAROON

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver FONG SOON KIANG

NRIC/Passport Number S0230125C Contact Number 97881627

Address Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan SKETCH PLAN 1. Please report correctly the details of the accident to speed up the claims process. 2. This Form must be completed by the Policyholider and/or the Authrolised Oriver. 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy (liability, allow insurance companies to repudiate policy liability. 4. The issue and acceptance of this form by insurance companies is not an edmission of policy liability on the part of insurance companies. 5. Any false reporting may be referred to the Police for Investigation. 6. The report will be forwarded by the insurers of the GlA Reports Management Centre established by the General Insurance Association of Singapore (GA) for archiving and that copies of this report will for a fee be made available application by interested parties. 6. She had been available aforesaid. 7. By the lodgement of the report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid. 8. Consent under the Personal Data Protection Act (PDPA) 1. Understand, acknowledge, agree and consent that. (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or my personal datalpersonal information are out in this from and any other personal information to all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the vehicles) involved in this accident (all insurers) who have insured vehicles(s) involved in this accident shall be collectively referred to as the police), for the purpose(s) of (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the lealing. (ii) investigating the accident and/or my claims.

the plains.

(ii) investigating the accident and/or my clasms.

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.

(iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve declosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail.

disclosure of certain personal data account to the total packages); and/or packages); and/or of complying with applicable law in administering, processing, handling and/or dealing with my claims.

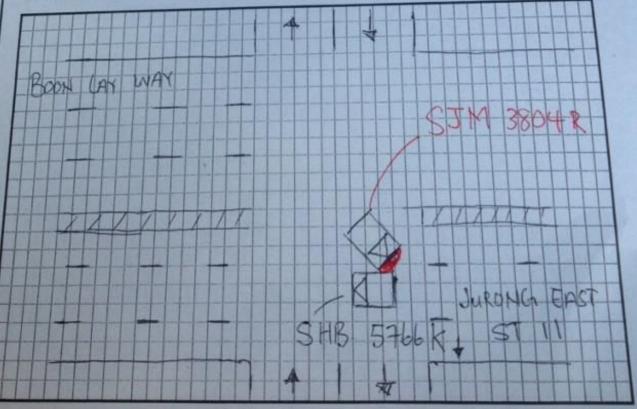
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(c) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawyers/law firms, may/are permitted to collect, use, (ii) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawyers/law firms, may/are permitted to collect, use, (ii) insurer(s) who have insured vehicles of the above Purposes, and disclose and/or process my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MAR

VERIFIED BY AJAX MARS REPORTING OFFICER MUHAMMAD SUMARDI BIN MOHD AFFANDI

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

I SJM3804R was driving along BOONLAY way Turning right into Jurong East st 11,while the traffic its on my favour I waited at the pocket to turn right.Suddenly while I was making a turn the other party with a high speed past infront of me and my front vehicle bang onto his right rear passenger side and rim.No injuries involved.		
Taxi Voucher No.:		
DECLARATION		
I/We declare that the above particulars & information provided above are true in every aspect		
VERIFIED BY AJAX MARS REPORTING OFFICER - MUHAMMAD SUMARDI BIN MOHD AFFANDI	Day.	
MARS Officer	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
15 March 2018 6:33 pm	15 March 2018 6:33 pm	

